



Issue Classification 	Application No.	Applicant(s)	
	08/455,975	RUBIN ET AL.	
	Examiner	Art Unit	
	Christine J. Saoud	1647	

ISSUE CLASSIFICATION									
ORIGINAL					CROSS REFERENCE(S)				
CLASS		SUBCLASS			CLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)		
INTERNATIONAL CLASSIFICATION									
				/					
				/					
				/					
				/					
				/					
(Assistant Examiner) (Date)					Total Claims Allowed:				
(Legal Instruments Examiner) (Date)									
(Primary Examiner) (Date)					O.G. Print Claim(s)				
					O.G. Print Fig.				

on blue slip

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	1		31		61		91		121		151		181		
	2		32		62		92		122		152		182		
	3		33		63		93		123		153		183		
	4		34		64		94		124		154		184		
	5		35		65		95		125		155		185		
	6		36		66		96		126		156		186		
	7		37		67		97		127		157		187		
	8		38		68		98		128		158		188		
	9		39		69		99		129		159		189		
	10		40		70		100		130		160		190		
	11		41		71		101		131		161		191		
	12		42		72		102		132		162		192		
	13		43		73		103		133		163		193		
	14		44		74		104		134		164	1	194		
	15		45		75		105		135		165	2	195		
	16		46		76		106		136		166	3	196		
	17		47		77		107		137		167	4	197		
	18		48		78		108		138		168	5	198		
	19		49		79		109		139		169	6	199		
	20		50		80		110		140		170	7	200		
	21		51		81		111		141		171	8	201		
	22		52		82		112		142		172	10	202		
	23		53		83		113		143		173	11	203		
	24		54		84		114		144		174	12	204		
	25		55		85		115		145		175	13	205		
	26		56		86		116		146		176	14	206		
	27		57		87		117		147		177	15	207		
	28		58		88		118		148		178	16	208		
	29		59		89		119		149		179	17	209		
	30		60		90		120		150		180	18	210		

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INTERNATIONAL CLASSIFICATION				<div style="text-align: center; font-size: 2em; font-weight: bold;">on blue slip</div>					
				Total Claims Allowed:					
(Assistant Examiner) (Date)				O.G. Print Claim(s)					
(Legal Instruments Examiner) (Date)				O.G. Print Fig.					
				(Primary Examiner) (Date)					

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
19	211	51	241	76	271	109	301		331		361		391		
20	212	52	242	77	272	110	302		332		362		392		
21	213	53	243	79	273	111	303		333		363		393		
22	214	54	244	82	274	112	304		334		364		394		
24	215	55	245	83	275	113	305		335		365		395		
23	216	56	246	84	276	114	306		336		366		396		
31	217	57	247	85	277	115	307		337		367		397		
32	218	58	248	86	278	116	308		338		368		398		
33	219	59	249	87	279	117	309		339		369		399		
34	220	60	250	88	280	118	310		340		370		400		
35	221	61	251	89	281	121	311		341		371		401		
25	222	62	252	90	282	119	312		342		372		402		
26	223	63	253	91	283	120	313		343		373		403		
27	224	64	254	92	284	81	314		344		374		404		
28	225	65	255	93	285		315		345		375		405		
36	226	66	256	94	286		316		346		376		406		
37	227	67	257	95	287		317		347		377		407		
38	228	68	258	96	288		318		348		378		408		
39	229	69	259	97	289		319		349		379		409		
40	230	70	260	98	290		320		350		380		410		
41	231	9	261	99	291		321		351		381		411		
42	232	78	262	100	292		322		352		382		412		
43	233	29	263	101	293		323		353		383		413		
44	234	30	264	102	294		324		354		384		414		
45	235	71	265	103	295		325		355		385		415		
46	236	80	266	104	296		326		356		386		416		
47	237	72	267	105	297		327		357		387		417		
48	238	73	268	106	298		328		358		388		418		
49	239	74	269	107	299		329		359		389		419		
50	240	75	270	108	300		330		360		390		420		